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OSTEOPATHY IS THE PRACTICE OF MEDICINE—DECISION OF SUPREME COURT.

The State of Alabama, Judicial Department, the Supreme Court of Alabama, November Term, 1901.

E. EUGENE BRAGG vs. THE STATE OF ALABAMA. APPEAL FROM JEFFERSON CRIMINAL COURT.

TYSON, J.

It is admitted that defendant was engaged in the practice of osteopathy as a profession and means of livelihood without having obtained a certificate of qualification from one of the authorized boards of medical examiners.

The most important question presented is whether the practice of osteopathy is "the practice of medicine in any of its branches or departments" within the meaning of section 3261 of the Civil Code and 5333 of Criminal Code. The contention of defendant is, that it is not. He predicates his insistence mainly, indeed we may say wholly, upon the fact that in the practice of osteopathy no drugs or other medicinal substances are administered or applied, internally or externally; nor is the knife used or any form of surgery resorted to in the treatment of diseases. In fact the practitioners of that school of the healing art repudiate as remedial agents, all drugs, medicinal substances and the knife and other surgical instruments and appliances, in the treatment of or alleviation of diseases and therefore need have no knowledge of their use. They, of consequence, know nothing of the medical proprieties of drugs and other medicinal substances or of the compounding and administering of drugs in the cure of diseases. Their

method of treatment is entirely external, consisting of "a system of a manipulation of the limbs and body of the patient with the hands, by kneeding, rubbing or pressing upon the parts of the body." However in order to practice the profession of osteopathy skillfully and scientifically, it is admitted, that the practitioner must know anatomy, physiology, hygiene, histology and pathology. Confessedly the requirement of a knowledge on the part of the practitioners of all of these branches of the science of healing the sick or diseased is to enable him to skillfully determine the disease with which his patient is afflicted and to aid him in making a proper application of his system of manipulation. For it is entirely clear from the evidence that the practitioner does not make the same application of his remedy to all diseases, but that he applies such system of manipulation as is most remedical in alleviating or curing the particular disease he is called upon to treat. In other words, after a diagnosis of the disease of the patient, he applies the remedy most suitable to the cure, confining it however to his system of manipulation as a remedial agent.

So, too, a practitioner of medicine is required to know anatomy, physiology, hygiene, histology and pathology in order to enable him to skillfully and scientifically determine from what disease his patient is suffering and after so determining he must also know how and what remedial agents should be prescribed for the alleviation or cure of the disease. So, after all, the only difference between the two is the matter of therapeutics—that branch of medical science which considers the application of remedies as a means of cure. The former, as we have shown, applies his external remedies exclusively, while the latter prescribes internal or external or both as the exigencies of the case may require. The result sought to be accomplished by each is the same—to relieve the patient's illness—to cure him. Both are practicing the art of healing or curing human diseases.

But it is said the words "the practice of medicine" or "who practices medicine" as used in the statutes, should not be extended to all practitioners of the art or science of healing or curing diseases, but that their proper interpretation or construction includes only those persons who employ medical substances or drugs as remedial agents for the alleviation or healing of diseases. This contention is based upon the proposition that the word medicine in its popular sense and as commonly understood is a remedial substance or drug; and that the practice of medicine as popularly understood inseparably includes as its great and overruling constituent the administration of drugs and other medicinal substances as remedial agents. Indeed, the whole superstructure of defendant's theory that as a practitioner of osteopathy he is not

engaged in the practice of medicine has for its foundation that the interpretation of the words "medicine or practice of medicine" must be accepted in the sense in which these words are commonly used. With this foundation or base destroyed his theory must fall. In other words, if his premise is shown to be fallacious, of necessity his conclusion must be false. So then the question is, what is the correct rule of interpretation of these words? Shall we interpret them in their popular sense or as commonly understood, or are they to be interpreted, being technical words, used in reference to a technical subject, according to the meaning or use they have when applied to the particular art or science with reference to which they are used? It cannot be well doubted that if they are technical words having a technical meaning when applied to the particular art or science to which they refer, that such use or meaning must be given to them, unless, from the context of the statutes a different use or meaning is made apparent. 17 Am. & Eng. Ency. Law (2nd ed.), 13; 23 Am. & Eng. Ency. Law (1st ed), 324. This rule is stated by Mr. Endlich in his work on the Interpretation of Statutes (§§ 73, 74 and 75, pp. 94, 95, and 96) to be that "the words of a statute are to be understood in the sense in which they best harmonize with the subject of the enactment and the object which the legislature has in view. Their meaning is found not so much in a strictly grammatical or etymological propriety of language, nor even in its popular use, as in the subject or in the occasion on which they are used, and the object to be attained. That is, in the construction of a statute, as in that of other instruments, words are to be understood not according to their meaning as applied to the subject matter with regard to which they are used, unless indeed there be something requiring them to be read in a sense which is not their ordinary sense in the English language as so applied. * * * An obvious result of this rule is, that where technical words are used in reference to a technical subject, they are primarily interpreted in the sense in which they are understood in the science, art or business in which they have acquired it." After showing the application of the rule in the construction of words and phrases having legal technical meanings, the author continues by saying: "But the rule giving to a word its technical meaning holds equally good in the construction of statutes dealing with other subjects as to which words and phrases used in a statute have acquired such a meaning, whether it be a legal technical meaning or not; i. e., whether it be a technical meaning which the word or phrase has acquired in the law, or a technical meaning which it has acquired in any other science, art, or business, if the enactment relates to any of these, the technical meaning the word has in the law, in any

other science, in any art, or in any business is to be given to it, accordingly as the one or the other is the subject of the enactment."

It will not be doubted that the word "medicine" however, whenever and wherever used has reference to the subject of a science or art—a technical word denoting the science or art of curing diseases; and that one who engages in the practice of it is a scientist or artist, professionally known by the name of "physician" or "doctor." It may be, and doubtless is true, that it is not and has never been an exact science, but this is due to the fact that it has been and is a progressive science—but it is nevertheless a science or art. Nor does the fact that those who practice the science or art differ as to the administration of specific remedies for specific diseases render it any the less an art or science. These differences have always existed and will, doubtless, always continue to exist.

The word medicine (Latin, medicina) is derived from 'medeor'—to heal. It is defined by the eminent lexicographer of medical words or terms, Gould, to be: "The science and art of preserving health, and preventing and curing disease; the 'healing art,' including also the science of obstetrics." By Dunglison, another author of a medical dictionary, to be: "The healing art: physic. A science the object of which is the cure of disease and the preservation of health." Biglow, an eminent physician and author of medical works says: "Medicine is the art of understanding diseases and curing or relieving them, when possible." The Universal Cyclopedia, edited by Rossiter Johnson, Ph.D., LL.D., after giving the derivation of the word "medicine" from the Latin word "medicina," defines it to be "the art of a physician, or of healing; the art and science of curing diseases." The Encyclopedia Britannica under the title "Medicine," subtitle, "Synoptical view of medicine," says: "Medicine, the subject matter of one of the learned professions, includes as it now stands, a wide range of scientific knowledge and practical skill. * * * The science of medicine is the theory of diseases and remedies."

Definitions might be quoted from other writers, but these will suffice to show not only that the word medicine is a technical word, denoting a science or art, comprehending not only therapeutics, but the art of understanding the nature of diseases, the causes that produce them, as well as the art of knowing how to prevent them, hygiene, sanitation and the like. These definitions are fully supported and their correctness thoroughly established by the history of medicine, and its practice as a science or art.

While it is true, as we said above, there has always existed differences among physicians as to the therapeutic agencies that should be em-

ployed in the treatment of diseases, yet it has never been supposed that the disciples of any particular school of the healing art were physicians, practitioners of medicine, and those of a different school or sect were not. They have all been regarded by eminent scholars as engaged in the practice of medicine. Doubtless these differences have produced much good, caused advancement in the art, tending to perfect the science and have given the profession a broader and more enlightened view or insight into this great science.

Dr. Roswell Park in his Epitome of the History of Medicine speaks of the origin of medicine as having been nearly contemporaneous with the origin of civilization. He points out that the earliest records of probable authenticity are perhaps to be met with in the scriptures from which may be gathered here and there a fair notion of Egyptian knowledge and practice. Thus we read in the 50th chapter of Genesis, that "Joseph commanded his servants, the physicians to embalm his father, and the physicians embalmed Israel." He also speaks of medicine as the healing art, and traces the practice of it among the Greeks to Aesculapius, whom he says was the leading character in medicine of all the ancients, with the possible exception of Hermes among the Egyptians. He shows that this great physician cured ulcers, wounds, fever and pain of all who applied to him, by enchantment, potions, incisions, and by external applications. So renowned became the name of this illustrious physician, that temples were erected to his fame and in his honor, in which schools of medicine were established and the science taught. These temples existed for centuries and the schools were presided over by the priest, who treated all sick persons who repaired to or were conveyed to them. If not able to go in person, their deputies were sent. The sick person or his representative after ablution, prayer and sacrifice was made to sleep on the hide of a sacrificed animal or at the feet of the statue of the god, while sacred rites were performed. In his sleep the appropriate remedy was indicated by a dream. Moral or dietetic remedies were more often prescribed than drugs. Thus it was that medicine as a science was practiced for centuries in Greece, prior to the advent of Hippocrates (in the 460th century B. C.) to whom is credited the high conception of the duties and status of the physician as shown in his celebrated "oath" and elsewhere in his writings—"equally free from the mysticism of a priesthood and the vulgar pretensions of a mercenary craft." By some writers, this great physician and philosopher is called the "father of physic." There can be little doubt that he may be regarded as the founder of the medical profession; that it was by and through his teaching that medicine came to be a distinct art, disconnected and disasso-

ciated from sacerdotalism. He wrote many books on medicine, and yet he possessed but little knowledge of anatomy, physiology and pathology and absolutely knew nothing of chemical drugs. Indeed he and his disciples attached but little importance to drugs as a therapeutic agent, but relied, in acute diseases, mainly upon diet, the variations necessary, in its administration, in different diseases being minutely defined. In the treatment of cases of chronic diseases, diet, exercise and natural methods were chiefly relied upon. Indeed in those days drugs as therapeutic agencies were of necessity of minor importance in the treatment of the sick, since they were few and since chemical drugs were not discovered until long afterwards, to-wit, about the fifteenth century. For several centuries the Hippocratic school of medicine, known as the dogmatist, prevailed, though there were opposing sects or schools. Succeeding the dogmatist was the school of medicine founded by Asclepiades, who, repudiating the Hippocratic doctrine, adopted hygienic remedies—for the most part bodily exercise. Gymnastic exercises as was also massage, was fully recognized by the physicians of those days and prescribed by them as therapeutic agents in the healing of diseases. So was water recognized as a scientific remedial agent—technically called Hydro-therapy. After the appearance of Galen, a great physician and scholar who is supposed to have died about 200 A. D. at the age of seventy-one years, and who wrote many works on the science of medicine, Europe for thirteen centuries seemed to have yielded to his authority. Indeed to him the medical profession is indebted for much. Yet, in the revolutions of medical opinion, the works of this great man was publicly burned in the fourteenth century by Paracelsus and his disciples; and for centuries following the medical profession was divided between the Galenist and the chemist until a complete ascendency over both was obtained by the vitalist. Thus we see that no system of therapeutics has been uniformly followed and, perhaps, as we have said, never will be. Indeed we might go further and show that at this day the regular practitioners of medicine, as they are known to the profession, recognize the efficaciousness of water, massage, electricity and perhaps other external applications to the body as scientific therapeutic agencies. It may not be amiss in this connection to instance the "rest cure," a thoroughly recognized scientific treatment for mental or nervous troubles. It consists in keeping the patient quiet and at rest, giving to him occasionally a massage, an application of electricity, a sponge bath, with proper diet. No drug is used, except a laxative, occasionally, if necessary. The use of drugs however is a secondary consideration and may be dispensed with altogether.

Thus it is made entirely clear both by definitions and history that the word medicine has a technical meaning, is a technical art or science and as a science the practitioners of it are not simply those who prescribe drugs or other medicinal substances as remedial agents, but that it is broad enough to include and does include all persons who diagnose diseases and prescribe or apply any therapeutic agent for its cure.

Is there anything in the language of the statutes which prevents giving to the word medicine its legitimate technical use or meaning? This question can best be answered by tracing the history of the legislation on this subject culminating in the present statutes. Before doing so, however, we should bring to mind the purpose of these enactments and constantly keep before us that the legislative purpose was to protect the public against charlatanism, ignorance and quackery. (Brooks vs. the State, 88 Ala. 122.) The first enactment on this subject was approved Dec. 22, 1823 (Acts 1823, p. 45), wherein it was provided that no person or persons shall be allowed to practice physic or surgery or any branch thereof or in any case to prescribe for the cure of diseases for fee or reward unless he shall be licensed to do so. The act also provided for the establishment of boards of physicians, whose duty it was to examine the applicant and to grant him the license. In 1832 persons practicing medicine on the botanical system of Doctor Samuel Thompson were exempt from taking out a license. In 1841 it was made the duty of the medical boards to examine and license applicants to practice dental surgery, under the same rules and regulations and subject to the same restrictions, as those who apply for license to practice medicine, and a penalty was imposed upon any person styling himself a dentist or other person who engaged in the practice of dental surgery as a professional business without having been regularly licensed by one of the medical boards. (Clay's Dig. pp. 487 et seq.) The substantial provisions of these enactments were embodied into the Code of 1852. However, in the adoption of that Code, there was added the requirement that all druggists should obtain a license to deal in drugs from the medical board of the county in which such business was pursued. (Code 1852, Sec. 980). Thus stood the law, with some few amendments which are not necessary to be here noticed, until the act of February 9, 1877 (Acts 1876-7, p. 80), which committed the duty theretofore imposed alone upon the medical boards, to the boards of censors of the several county medical societies in connection with the board of censors of the Medical Association of the State of Alabama. No material change was made by this act, with respect to the class of persons required to obtain a license to

practice medicine, surgery, dentistry, or to sell drugs except as those persons who desired to practice some irregular system of medicine and females who practice midwifery. As to irregular practitioners, they were prohibited from practicing their system of medicine in any of its branches or departments as a profession and means of livelihood without having obtained a diploma or certificate of qualification in anatomy, physiology, chemistry and the mechanism of labor from some authorized board of medical examiners. (Chap. 3 and 4 of Code 1876, p. 460-1). On the 11th day of February, 1881, a board of dental examiners was constituted, whose duty it was to grant license to all dentists who may have received license from medical boards without examination or fee, and to grant license to all other applicants who underwent a satisfactory examination, upon the payment of a fee of five dollars (Code of 1886, Sec. 1296 et. seq). In 1887 a board of pharmacy was established to examine every person desiring to conduct the business of selling at retail, compounding or dispensing drugs, medicines or chemicals, for medical use, or compounding or dispensing as pharmacists prescriptions prepared by physicians. In 1895 every physician who was licensed to practice medicine was also authoried to fill prescriptions of other physicians, compound and sell medicines and poisons, and carry on the business of pharmacists. As far back as 1875 the Medical Association of the State of Alabama was constituted a Board of Health for the State, and to it was committed cognizance of the interest of health and life among the people of the State, and the duty imposed of investigating the causes and means of prevention of endemic and epidemic diseases; of investigating the influences of localities and employments upon the public health; of making to the law-making branch of the State such suggestions as to legislative action as, in their judgment, may seem advisable. This board of physicians were, in fact, constituted the medical advisors of the State. (Acts 1874-5, p. 130; Code of 1876, Sec. 1537 et seq.; Code of 1886, Sec. 1260 et seq.) And, at this writing, to this board is entrusted largely the enforcement of all laws relating to public health, quarantine and sanitation. (Code of 1896, Sec. 2392 et seq.)

Thus has been the growth and development of the law in this State regulating "the practice of medicine in any of its branches or departments as a profession." From this growth and development, can it be seriously doubted that it was not the intention or purpose of the legislative mind to restrict the examiners of those desiring to practice medicine to that class of the profession who may prescribe drugs as therapeutic agents in the healing of diseases? We think not. On the contrary, the very first enactment on the subject (1823) prohibiting any

person from prescribing for the cure of diseases for fee or reward without obtaining a license, is a clear, unequivocal and unmistakable declaration of the legislative purpose to deal with medicine and the practice of it in its broad and comprehensive sense—as a science or art of healing and curing diseases. And this purpose has been rather emphasied than otherwise in subsequent legislation on the subject.

Our conclusion, therefore, is that the defendant was engaged in the practice of medicine within the meaning of the statutes. This conclusion is fully supported by the decisions of other courts. In Bibber v. Simpson, 59 Maine, 181, Appleton, C. J., speaking for the court, said: "The services rendered were medical in their character. True, the plaintiff does not call herself a physician, but she visits her sick patients, examines their condition, determines the nature of the disease, and prescribes the remedies deemed by her most appropriate. Whether the plaintiff calls herself a medical clairvoyant, or a clairvoyant physician, or a clear-seeing physician, matters little; assuredly, such services as the plaintiff claims to have rendered, purport to be and are to be deemed medical." So, it is held that she was not entitled to recover for her services, she having no license to practice medicine.

In Hewitt v. Charier, 16 Pick. 353, it was held, Shaw, C. J. delivering the opinion, that "a person who practises bonesetting and reducing sprains, swellings and contractions of the sinews, by friction and fomentation, but no other branch of the healing art, is a person practising surgery, within the meaning of St. 1818, c. 113, § 1, which provides, that no person practising physic or surgery shall be entitled to the benefit of law for the recovery of his fees, unless he shall have been licensed by the Massachusetts Medical Society or graduated a doctor in medicine in Harvard University."

In Davidson v. Bohlman, 37 Mo. App. 576, it was held that, "The statutes restricting the right to practice medicine and surgery to registered physicians and surgeons and requiring the filing of diplomas, apply to one who as a physician gives electric treatments; it is not necessary that one should administer internal remedies in order to practice medicine within the meaning of the statues" which prohibited the practice or the attempt to practice medicine or surgery without first filing a diploma, etc.

The case of Eastman v. The People, 71 Ill. 236, is directly in point. The appellant there, as here, was engaged in the practice of osteopathy. The statute of Illinois defined practitioners of medicine in this language: "Any person shall be regarded as practicing medicine with the meaning of this act who shall treat, operate on or prescribe for any physical ailment of another." The court after saying that the

appellant "professes to be able to diagnose and advise in respect to a long list of diseases, and to furnish discriminating and efficient treatment to those who may come to him, and while he may rely wholly upon manipulation, flexing, rubbing, extension, etc., yet he professes to have skill and judgment in these methods, so as properly to adapt the treatment to each case, giving it what is appropriate, in amount, and with repetition at such times and to such extent as may be dictated by his knowledge and experience;" and after stating Bigelow's and Dunglison's definitions of medicine, hold that the practice of osteopathy was the practice of medicine. We need only add that our statutes are not so materially different from the statute construed in that case as to impair the decision of it, in any degree, as an authority directly upon the question in hand. So also is the case of Little v. The State, 51 L. R. A. 717, being an osteopathy case, directly in point. See also Underwood v. Scott (Kan.), 23 Pac. Rep. 942; Jones v. People, 32 Ill. App. 453; People v. Gordon, 62 N. E. Rep. 858.

We have examined the cases relied upon by appellant. Some of them are perhaps in point but are opposed to our view of the law.

The next point we shall consider is the one assailing the constitutionality of these statutes. We need but refer to the following cases and the reasoning employed in them to uphold the constitutionality of this legislation: Brooks v. The State, 88 Ala. 122; Stough v The StateIb. 23b; Bell v. The State, 104 Ala. 79; Nicholson v. The State, 100 Ala. 132; Hewitt v. Charier, 16 Pick. 353; Dent v. West Virginia, 129 U. S. 114; Alopathic State Board, etc., v. Fowler, 24 Se. Rep. 809; Harding v. People, 15 Pac. Rep. 727; State v. Webster, 41 L. R. A. 212, and cases cited on page 217.

So, likewise, the contention that the associations and boards of censors are not regularly organized under the constitution of the "Medical Association of the State of Alabama" is untenable. It is enough that the boards of examiners are de facto acting under the provisions of the statutes and that its certificate of qualification would protect defendant from prosecution for a violation of the criminal statute.

The remaining insistence relied upon, rather as an excuse or palliation for a violation by defendant of the law, is no justification or excuse at all. It is, that the boards of examiners as presently constituted discriminate in favor of those physicians who practice the regular system of medicine against all who practice other systems or belong to other schools. If it be conceded that this fact is shown by the record, it furnishes to defendant no right to violate the criminal laws of the State. His remedy is by proper procedure in the civil courts, in the

event his application for license is rejected. It strikes us that this defense is an afterthought. The record does not even hint at any attempt on the part of the defendant to procure a license. He rather chose to construe the law to suit his own notions and engaged in the practice of medicine without even making any effort whatever to comply with its mandates or even to have the unjust discrimination of which he complains, removed before engaging in the practice. Dent v. West Virginia, supra; Harding v. People, supra; Alopathic State Board, etc., v. Fowler, supra; Iowa Asso. v. Schrader, 20 L. R. A. 355.

The defendant was properly convicted.

Affirmed.

THE GENERAL PRACTITIONER AS A GYNAECOLOGIST.

By Robert J. Redden, M.D.,

SULLIGENT, ALA.,

Senior Counsellor of the Medical Association of the State of Alabama.

The theme of my paper for this occasion may appear quite commonplace to a large proportion of the members of this Association, as we have, at many of our meetings, in the past, listened to papers upon gynaecological subjects, worthy the pen of many of our most eminent gynaecologists.

It is a fact that Alabama can proudly boast of a number of names who have shed lustre upon many subjects connected with gynaecology, and in saying this we do not have to go back to the days of J. Marion Sims, a name we are all justly proud of, but even from our present ranks we may select the names of many who have already distinguished themselves along this line, and to whom we may reasonably look for other productions of equal or even greater value.

The papers, however, to which I have referred, have been of such a nature as to appeal more directly to the specialist than to any other class, but my paper is intended to appeal to the general practitioner, especially those who live and practice their profession in the country districts and in the small villages of the State. To this class of practitioners come innumerable cases for treatment that for many reasons the specialist will never hear of, and which can only be treated successfully by operative methods. The conditions, therefore, with which my paper will deal, will be those conditions which can only be remedied by surgical procedures, and will refer exclusively to the minor operations which should be successfully done even by the general practitioner.

While the conditions with which I will dwell may be considered of a trivial character, it is no less a fact that they are conditions which entail a great amount of pain and suffering, both physically and mentally, even quite as much as some of the graver conditions. The woman with uterine fibroid, ovarian cysts or other pathological conditions which may require the utmost skill of the educated and practical specialist, equipped with all the environments of the well appointed hospital or sanatarium to restore her to health, probably suffers no more pain and distress than the woman with endometritis, lacerated cervix, or lacerated perineum. And since it is the great aim of the physician to relieve pain, and restore lost health to the afflicted, it is our duty to give as much study and attention to the details of these minor ills as will thoroughly qualify us for their successful treatment.

This is an important subject from more than one standpoint, but a condition of affairs which appealed to me more strongly than any other to present a paper upon this subject, was the fact that so many of these cases come to the country doctor for treament. Unless these cases are taken in hand by the country doctor and operated on by him, they are never cured. First, because in a majority of instances they are unable to meet the necessary expenses of going to the specialist for an operation, and second, the physician consulted, not having sufficient confidence in himself to undertake the performance of these operations, discourages those who might be able to pay for the operation, from consulting other doctors whom they know would advise and perform the necessary operation. My observation has been that very few general practitioners particularly in the small towns and country, do any surgery upon the female. As a rule, these physicians do a large general practice, and it is but reasonable to infer that many cases come to them for treatment which can only be successfully treated by surgical procedures. Consequently many a poor woman thus situated is forced to drag out a miserable existence with some simple pathological condition which cannot possibly be corrected by medical treatment, but is easily corrected by a simple operation that ought to be performed by the family physician.

In order to gather a few statistics as to the proportion of general practitioners who do operative gynaecology, I sent the following letter to fifty doctors practicing in the country and small villages scattered over the State:

"Dear Doctor: Intending to prepare a paper for the next meeting of our State Medical Association, upon the subject of The General Practitioner as a Gynaecologist, and desiring a few statistics for my paper, I shall be under many obligations to you if you will answer the following questions by return mail:

1. Do you do any gynaecological surgery in your practice?
2. State the class of operations you have performed.

Fraternally,

R. J. Redden."

To this letter I received forty-one replies. Thirty-four of this number stated that they did no operations upon the female. Four stated that they had done some operations, but did not state the kind. One stated that he had done quite a number of minor operations. such as curetting the womb, repairing lacerated perineums, etc. One stated that he had removed the ovaries in two cases, and had done other minor operations. And one gave me quite an elaborate account of his achievements as a "surgical doctor," among them being the "removal of a very large ovariotomy."

Within the boundaries of the practice of these thirty-four doctors who do no surgery upon the female, there are, beyond all doubt, many afflicted females who fall under the class I have heretofore mentioned, viz.: those with conditions easily cured by surgical methods, which drugs are powerless to remedy. Suppose, for intsance, a woman comes to our office and gives us something like the following history: She informs us that a few years ago she was in perfect health and continued so until the birth of her last child, which we will say, for illustration, is three years old. After getting up from her confinement she finds her health failing. She begins to experience dragging pains in the bowels, has a sense of weight in the pelvis, is troubled with irritable bladder, leucorrhoea, constipation, and in fact all the symptoms which would lead us to a diagnosis of some uterine displacement. Upon a careful, digital and speculum examination, we would find our diagnosis verified, with the additional discovery of a badly lacerated perineum.

Right here we are confronted with a condition which our drugs are powerless to relieve. The perineum, being indirectly one of the supports of the uterus, must be restored to its normal condition before the uterus can be retained in its normal position.

Now, I insist that the conditions here presented can and should be successfully met, even by the general practitioner. A perineorrhophy is the clearly indicated procedure here, and unless we so state it to our patient we have not done our duty. We should cure her, or else send her to some other doctor who will.

This is one of the most difficult procedures in the minor class of gynaecological operations to perform successfully, not that it requires any undue amount of dexterity on the part of the operator, but the failure to get good results is mostly due to an imperfect knowledge of what is desired to be accomplished, and an imperfect, careless technique in operating. With a thorough understanding of the indications

to be met, and a well selected, and carefully executed method of operating, the results are very gratifying to both patient and operator.

Now, what is the object, or rather objects ,to be attained by an operation upon a lacerated perineum? Is it simply to cure the laceration which exists? By no means is this all. Here is not only a simple tear of the tissues which has improperly healed, but in this tear has resulted a destruction, or a partial destruction, at least, of the perineal body, a triangular wedge, composed of fascia and areolar tissue which fills up the space between the walls of the lower parts of the vagina and rectum, and which acts as a shelf, upon which rest the walls of the vagina, the fundus of the bladder, and the anterior wall of the rectum. The extent of the destruction of the function of the perineum, of course, depends upon the degree of laceration. In the first degree, the triangle is simply split through the vaginal wall. In the second degree, it is split to the centre of the triangle, and in the third it is divided clear through into the rectum.

Now as a result of this laceration, any or even all the following conditions may be present:

Displacements of the uterus, cystocele, rectocele, chronic cystitis, chronic proctitis, uterine engorgement, vaginitis, leucorrhoea, neuralgic pain, impairment of the uterine ligaments, impairment of sexual gratification.

The objects, therefore, of a perineorrhophy, are to restore the perineal body to its normal state, and at the same time cure any of the pathological conditions which I have enumerated that may be present.

A number of operations have been devised for the reparation of a lacerated perineum, but practically there are only two steps in any of the operations. The first step in the procedure is to revivify the cicatrix, and the second is to approximate the revivified surfaces and retain them in perfect apposition until permanent adhesion occurs.

The preparation of the patient consists in first looking after the general health. If the health is not good, the operation should be delayed two or three weeks, and the patient put upon tonics and such other treatment as may be indicated. The bowels should be opened and kept so by some mild cathartic. During this period the vagina should be irrigated thoroughly twice a day with hot water to relieve all local irritation and to wash away all vicious secretions. On the evening before the operation, the vagina, after first being irrigated with a hot normal salt solution, should be loosely packed with sterilized gauze to absorb any secretions that may not have been removed by the douche. The vulva and pudendum are shaved and thoroughly

cleansed with green soap, and are then covered with a pad wrung out in bichloride solution of 1 to 2000, and held in place by a perineal bandage. This is to remain on the patient until placed upon the operating table. Whenever the urine is voided, the parts are again irrigated and a fresh pad applied. When the hour for the operation has arrived, the patient should be placed upon the table before a window with a strong light, in the dorsal position, and the anaesthetic given. The hips are down well over the edge of the table, the thighs are flexed upon the abdomen and held by an assistant on each side. The assistant holds the thigh under the arm, and with the hand of the same side steadies the foot. The unoccupied hand of the other side is to be used to hold a retractor as hereafter mentioned. Another assistant removes the pad previously applied, and the gauze from the vagina, and proceeds to give the vulva and surrounding parts a final scrubbing with germicidal soap, which is rinsed with sterilized water, and dried with a sterilized towel. A sterilized towel is then spread out over the thigh on each side of the patient, another across the pubes and another placed under the buttocks. These towels are pinned together, and to the clothing, to keep them in place. The field of operation is thus entirely surrounded by sterilized towels.

Of course, before all this has been done, the operator and assistants have thoroughly sterilized their hands and forearms, and all the instruments, ligatures, towels, sponges and dressings to be used in the operation have also been sterilized by methods with which you are all familiar, and which I will not stop to explain.

The operator now seats himself upon a chair or stool of conveninet height, and with two tenaculums he seizes the margin of each side of the vulva at the level of the remains of the hymeneal ring, and draws them together. This is done for the purpose of determining accurately the degree of narrowing necessary to restore a normal size vulva orifice, and to outline the limits of the space to be denuded. These decided, a strong traction ligature is inserted, rather deeply, to prevent tearing out, just above the point where the denudation is to terminate, on each side of the vulva margin. To the end of each of these traction ligatures, is clamped a strong haemastatic forceps and handed to the assistants on each side, who are holding the legs of the patient. These make traction sufficient to widely separate the labia and to stretch the perineal margin sufficiently to make it almost a straight line from one traction ligature to the other. A tenaculum is now inserted into the posterior wall of the vagina, in the median line, at a point just above the upper end of the laceration. This is held by another assistant, who draws upon it toward the pubes.

Traction from these three points forms a triangle with its apex at the point of insertion of the tenaculum, and its base along the stretched out perineal margin from one traction ligature to the other. A line is now made with an aniline pencil on each side from the traction ligature to the point of insertion of the tenaculum above. Within the boundaries of this triangle is the space to be revivified. The next step is the denudation of this triangular space. With a mouse-toothed forceps, pick up the perineal margin just below the traction ligature on the right side, and with a pair of curved scissors, remove a narrow strip of tissue along the base of the triangle to a point just below the traction ligature on the opposite side.

The vaginal margin of this base is now detached with a pair of sharp-pointed curved scissors, and peeled back all along between the traction ligatures. Now pick it up in the centre with the forceps, and insert the scissors with the concave side up, into the recto-vaginal septum, hugging the vaginal wall as closely as possible to prevent wounding the rectal wall. Now separate the blades of the scissors and withdraw them, open. This separates the vaginal wall from the rectum for a considerable space. This dissection is continued carefully until the mucous membrane covering the triangle is separated from the tissues beneath it. This flap is now removed with the scissors, following the aniline lines from the traction ligatures on each side to the apex of the triangle. Irrigate the surfaces with hot normal salt solution. Sometimes the bleeding is quite free, but can be checked by hot water torsion and compression. If this part of the operation has been properly performed, you have ideal surfaces for approximation.

We have now reached the most particular and important part of the operation; the coaptation of the denuded surfaces. Unless this is most carefully done, the operation will prove a failure, no matter how skillfully and with what care the work has been done up to this point. Any method of suturing which will accomplish this end may be adopted, but the following has given me better results than any other I have followed: Take a No. 1 chromacized catgut ligature and thread it into a small curved needle about one inch in length. The ligature should be prepared to last at least two weeks before absorption. The suturing is done in layers, each layer burying another beneath it, and being so placed as to accurately approximate the opposite sides of the denuded surfaces, so that no spaces will be left for blood or serum to collect and prevent union. A needle forceps will be needed for the inserting of the needle. By drawing upon the tenaculum in the posterior wall of the vagina, the field of operation will be drawn nearer the vulva orifice and within easier access of the operator. The needle is

first inserted through both margins of the vaginal wall near the apex of the denuded surface, from left to right; and here I will state left and right have reference to the patient and not to the operator. The suture is drawn through to within four inches of the end and tied. The tenaculum is removed, and the free end of the suture is clamped by a hæmortatic forceps and given to the assistant to hold. The next insertion of the needle is made an eighth of an inch from the vaginal margin, on the denuded surface and the same distance below the first insertion. Bring the needle out a little to the left of the median line. Now take a similar stitch on the right of the median line, bringing the needle out on the denuded surface. Continue this method down the median line, making the sutures one eighth of an inch apart, until you reach the perineal margin. As these sutures are drawn tightly, relax the traction ligatures. This permits the denuded surfaces to be drawn closely together. When the perineal margin is reached, do not bring the needle out upon the skin surface, but continue another row of sutures in the same manner to the apex, catching up the denuded surface a little to the outer side of the first row. When this last row of sutures is tightened, more of the denuded surface is drawn together, and the first row is buried out of sight.

Now unite the vaginal margins from above downward. At this point the traction ligature at the apex of the denuded surface, is cut short, allowing the vaginal wall to drop back into position. The line of sutures is now continued on down the perineal margin, securely tied, and the end cut short.

The perineal surface is cleansed and dried, and the vagina wiped out dry. A drying antiseptic powder is sprinkled freely over the wound and surrounding surface. Several layers of plain, sterilized gauze are applied. Over this a pad of absorbent cotton, which is held in place by a perineal bandage. The dressing should be changed only as often as is necessary to preserve an absolutely dry condition of the surface. The parts should not be washed until union has taken place, unless they become soiled from urine or other discharges. The patient is to be put to bed and kept in the recumbent position until complete union has taken place. The bladder must be emptied with the catheter for the first week to prevent the urine from coming in contact with the wound.

I have, in a brief way, tried to describe only one operation out of many, that even the general practitioner might perform.

In the preparation of this paper I have not tried to present anything original, but my prime object is to inspire a new interest in an old subject, and if possible, encourage the general practitioner, who has not already done so, to take up this question, and give it the study

which its importance demands, and which will enable him to put into practical application the principles upon which the successful treatment of these conditions are based.

If my paper can only provoke a discussion which might result in a renewed interest being taken in this subject by the class of practitioners to whom it appeals, I shall feel that the object for which my paper has been prepared, has been attained.

While I would like especially to hear from any general practitioners who may be present, and who have any experience along this line of work, I would also be much pleased to hear from some of our ablest gynaecologists, who, while giving us encouragement to pursue this line of study and practice, can also give us much needed instruction.

DYSENTERY.*

By B. E. Graham, M.D.,

GURLEY, ALA.

To the Gentlemen of the Tennessee Valley Medical Association:

Dysentery is a specific febrile disease with a characteristic local lesion. Inflammation of the mucous membrane, and of the solitary and tubular glands of the large intestine which may be catarrhal or croupous in character, constitute this lesion. It may be acute or chronic, epidemic, endemic, or sporadic.

Few diseases have been longer known than this. Hypocratese gives his description of dysentery, Galen first localized it in the colon; that is the chief seat of the affection. In 1626 it was defined as an endemic and sporadic disease by Sermertus, who also spoke of some of its clinical features. Morgagni was the first to hold a postmortem and give us an anatomical study of the disease. The most accurate pathologic researches were made during the century just past by Cruveilhier first, and later by Virchow, whose results have settled most of the disputes upon this subject. In the United States dysentery has prevailed epidemically for over a century.

I will not dwell on the morbid anatomy of this trouble, but will refer briefly to the etiology. Dysentery seems to be a residenter of malarial districts, so much so that I think in all probability there is a specific dysenteric miasm, for beyond all doubt the discharges from a patient suffering from a so-called malarial dysentery, after having undergone certain changes, are capable of causing the disease.

This may in our own counties be the source from whence comes the majority of this disease, for those predisposing causes, such as impure

*Read before the Tennessee Valley Medical Association.

air, bad or insufficient food, or a diet wanting in vegetables, alcoholisms, mental anxiety, excessive fatigue, etc., cannot be a local complaint only in exceptional cases.

The symptoms are not always characteristic, for in some cases we may have a prodromal stage, loss of appetite, abnormal tongue, constipation alternating with diarrhoea, a dry skin, and a feeling of general malaise. This we have in the beginning of typhoid and other fevers, but the severer forms of acute dysentery commence with a chill or severe rigor, followed by a slight rise in temperature, accompanied by loss of appetite and nausea. The temperature usually ranges from 101 to 105, or may even reach 105. The pulse increases in frequency, small and compressable. Just here or a little later on, there is a constant desire to go to stool, griping pains in the bowels, both during and after the passage, which is mucus, watery, and contains lumps of hard faeces-scybaler. During and especially after the passage comes the terrible and awful straining and bearing down "tenesmess," caused by the involuntary action of the muscular fibres of the rectum, produced by the irritating effect of that poisonous mucus clinging to its walls. At the very beginning the nervous depression is marked, strength fails, the face assumes a pale, anxious expression. Soon the discharges become scanty and more frequent, mixed with blood and mucus, constituting the so-called "bloody flux," and have the odor so peculiar to dysentery; number of actions varies according to the temperament of the individual.

If the disease is seated at or near the upper part of the lower intestine, there will be bilious discharges mixed with blood and mucus, constituting what I have heard called bilious dysentery. As the disease advances, the patient becomes more restless, irritable and anxious, and the expression will be that of intense suffering. After the first few days that condition of shock which is so characteristic, will give way to pain and tenderness of the abdomen, and in most cases the least amount of food will produce tormina, and a revolting action of the stomach follows, which is by no means a favorable sign. As the severe type of the disease advances, the discharges, possibly as early as the sixth or eighth day, change to a muco-purulent, mixed with blood resembling washed raw meat. The thickened intestine can now be felt through the abdominal parietes. The abdomen now becomes tympanitic and the tenderness increased, and is more marked along the line of the lesion. In bad cases the actions become brownish in color, caused by the mixture of blood forming what is sometimes called the "poke-berry actions" by older physicians. When this does occur my observation has been that restlessness increases, delirium sets up, sometimes low, sometimes wild suppression of the urine, subnormal

temperation coming on suddenly, cold perspiration, flickering pulse, cyanoses of extremities, and within a few hours the patient's suffering is relieved.

But if recovery is to take place, the discharges become less frequent during the second week, and take on a foecal odor. The pulse increases in force and volume, and decreases in frequency, gas is passed with each action, consequently the tympanitis gives way and the patient passes slowly to convalescence.

I shall not speak of the scorbutic dysentery, as I have had no experience with it, neither shall I refer to the chronic form more than to say it is a sequence of the acute in our locality, and for the present the acute concerns us most.

I will not speak of the differential diagnosis and prognosis, but pass on to the more important part, to doctor and patient.

Treatment—Unfortunately for the people and the physician as well, we are not called till they have in most cases taken a bottle or two of diarrhoea mixtures, which I prefer calling hot drops, and drops they are, for the patient is usually down about the second notch, but if I am called in the beginning, I have two procedures; sometimes I use one, sometimes the other.

If the patient has not been purging very much I give him a good dose of castor oil, to be followed soon by a high enema, getting as much of the poison eliminated from the bowels as possible, then begin on opium, and push it for its astringent and sedative effect. In connection with this, hot poultices, proper diet and rest. But as I have just stated, the majority of cases have been taking hot drops until all the secretions are locked and especially the liver, and here I usually give first a dose of Mercury and Opium in form of Dovers powders combined, and, if possible, by the use of injections, etc., get the canal well cleaned, get back to Opium as above stated; of course this may not be all sufficient but as to the use of injections or Antiseptic irrigation of the bowels if properly carried out are curative for by this means we can destroy the Ameboe, if they be there.

Unfortunately the bowel is so irritable that the use of this mode of medication is seriously interfered with in many cases. If on this account, large injections cannot be used, begin with small ones and gradually increase the quantity. If necessary, we may use Laudnum and Starch water per rectum, or even an injection of forty per cent. Sol. Cocain, after which large injections are well tolerated.

Among the best agents for such injections are the tonic and Salacylic Acids, and the old stand by, Nitrate of Silver. As to the strength of these solutions I do not believe in having them so strong as to necessitate the use of an Antidote after their administration.

Local means in the form of hot fomentations, light poultices and Turpentine stepes often gives the patient much comfort.

As to complications, they must be met by appropriate treatment as they arise just as under other circumstances.

ALBUMENURIA IN PREGNANCY.*

By T. A. Casey, M.D.,

NORTH BIRMINGHAM.

Albumen, although a normal constituent of the blood, when found in the uterine of pregnant women usually has associated with it other symptoms, such as severe headache, impairment of vision, anaemia, dyspnoea, nausea and vomiting, oedema, high tension pulse and ultimately convulsions. It appears that no name suitable for this condition has yet been suggested, however, with our present knowledge, toxaemia is as good as any.

Eclampsia, which comes from a Greek word signifying to shine or flash out, was conferred upon this condition. Hirst says, because of its sudden onset, "This disease is peculiar to the pregnant woman, but the real cause is yet unknown." We know that there is kidney insufficiency, and of late we have what obstetricians style pregnancy kidney; it does not amount to a nephritis, but the kidney is in an anaemic condition, and is either over worked or about to strike work. Some take an exclusive view and say that the retention in the system of urea is the sole cause, hence the name uremia, while others more liberal in their views hold that the office of the kidneys is not only to excrete urea, but also other excrementitions principles derived from maternal and fetal bodies such as creatin, creatinin, leucin, etc., hence the name "urinemia." Intra-abdominal pressure has been mentioned as a cause which amounts to a mechanical obstruction of the renal circulation. I shall take the position that the most probable cause is a failure of the kidneys to eliminate from the mother excrementitious substances derived from the fetal body, and in support of this proposition, refer to the following facts:

1. The patient must be pregnant before she can have the disease.
2. A primipara is much more liable to it than a multipara.
3. It does not usually occur before the seventh month of gestation.
4. It is seen ten times more frequently in multiple than in single pregnancies.
5. To empty the uterus the symptoms rapidly disappear. The prognosis in these cases is to be withheld because there is no one who

*Read before the State Medical Association, Birmingham, Ala., April, 1902.

can tell what the result will be, however, we all agree that the mortality is high in eclampsia. The patient is indeed out upon a stormy sea, and if she weathers it through, we are to congratulate ourselves; the friends will also feel grateful to us, and the patient herself will not realize the great perils through which she has just passed.

Until recently I did not realize the importance and the great benefits to be derived from that comparatively harmless proceedure, the induction of premature labor. Some look upon it as being dangerous and radical, but this is not the case. Boislinere says: "Of all the operations of midwifery, the induction of premature labor is the most conservative and beneficent." To decide when to adopt means of this kind requires more judgement and skill than the operation itself. I have consulted quite a number of authorities on this subject and they all agree that we should not wait till the symptomatology become extreme, but in every case with threatening symptoms do not hesitate but resort to it at once. Such symptoms as severe headache, oedema, albumenuria and blindness speak in tones unmistakably of great danger threatening. Playfair took this view of the situation 22 years ago.

As craniotomy upon the living child is sometimes spoken of in this connection, I will say that it has been my belief for some time that this operation is unjustifiable in any case, and especially so in the larger cities where we have all the facilities that modern surgery requires. Craniotomy upon the living child should be laid aside as one of the relics of barbarism.

Case 1. Mrs. L., primipara; had been pregnant seven months. I saw her on August 6, 1901. Ten days prior to this time she had severe convulsions. She now presented a very anaemic condition, could take scarcely any food, had severe headache, with oedema of face, hands and feet, impairment of vision and albumenuria. I suggested the induction of premature labor without waiting another day; this was readily consented to by the family and attending physician. At 2 p. m. the cervix was packed with sterile gauze and was allowed to remain 16 hours. Ten hours from the time the gauze was placed in the cervix the patient began having slight pains, and they gradually increased until 6 a. m., the following day, at which time the gauze was removed, the membranes were undisturbed, and the labor progressed during the day very much like a natural one. She was delivered at 4 p. m., 26 hours from the time the operation was begun. Her convalescence was rather slow, but otherwise satisfactory and complete, the child was quite small and feeble, but survived and was soon in a thriving condition.

Case 2. Mrs. P., wife of a miner; eight months pregnant. I saw her with my collegues, Drs. Collins and Watts, on February 10, 1902.

She was totally blind, had severe headache, nausea and vomiting; the stomach would not retain food of any kind, the urine was heavily loaded with albumen; there was also some mental disturbance and a tendency to coma, but she had had no convulsions. The amanrosis was most likely due to paralysis of the optic nerve, a result of the toxaemic condition. The cervix was packed with gauze on February 11th at 2 p. m., and was allowed to stay in place 24 hours, at which time it was removed, the patient's condition seemed slightly better, probably the effect of the purgatives and diureties. The cervix was repacked and the patient was delivered 8 hours from the time of the second packing. She made a good recovery. The child is also in a thriving condition at this time.

It will be observed that in the two cases reported that there was no death either of the mother or child. This is perhaps due to the limited experience which I have had, as any one who will take the pains to investigate the subject will realize the gravity of the situation, both for the mother and the child, but I believe that every case could be successfully managed if they were recognized early and proper measures adopted for their relief.

GUN SHOT WOUND OF ABDOMEN—COMPLICATED WITH CHRONIC APPENDICITIS—RECOVERY.*

By J. M. Watkins, M.D.,

TROY, ALA.

Mr. President and Gentlemen of the Association:

The case which I will endeavor to report is of interest from the fact of it being a case of penetrating gun shot wound of the abdomen, complicated with chronic appendicitis.

On April 29, 1901, I was called very hurriedly to see a young man, age 18, J. A. H., who had been accidentally shot by a friend with an improved Smith & Wesson, 38 caliber, pistol, at a range of eight feet. The shooting occurred in a barber shop only a short distance from my office. Upon my arrival I found him lying prostrate on the floor, almost pulseless from the shock of the wound. After giving him heroic doses of strychnine, morphine, and stropine, administered hypodermically, I began investigating location of wound and course of bullet. I found that it had entered the abdomen midway between the umbilicus and pubes in the median line, passing obliquely through the lower bowels, making its exit through the right innominate bone. The condition of patient showed there was considerable hemorrhage going on internally, so a laparotomy immediately was deemed impera-

*Read before the Medical Association of Alabama, April, 1902.

tive, or all hope of saving patient's life would soon be lost. He was removed to a room over a store near by and help secured—and hasty preparations were made for opening the patient's abdomen. Having properly sterilized my instruments, together with plenty of antiseptic and saline solutions. My assistants began preparing patient's abdomen by thoroughly scrubbing with soap, bichloride solution, and ether. In three hours after the shooting we were ready to proceed with operations as follows: Having placed patient on operating table an incision of about five inches was made in the median line, through the wound into peritoneal cavity. Parts being held open by retractors. A careful examination was made of abdominal viscera, in the track of bullet. There were revealed seven perforations of the intestines and considerable hemorrhage from one of the mesenteric arteries, which was immediately ligated with silk. The suturing of the rents in the bowels with cat gut were hastily and carefully attended to, making lembert sutures. On further investigation the serous and muscular coats of ceacum was found to be cut by bullet. These cuts were sutured also. Here we found the appendix very erectile, hypertrophied and in a state of chronic inflamation, the organ filled with fecal concretions. My assistants readily agreed with me that it was the proper time to remove the diseased appendix, which I did by the usual method. Having completed the operation for appendicitis and cleared the abdomen of all clots by irrigating with hot normal saline solutions and satisfying myself there was no more hemorrhage, I proceeded to close the incision. This was done with ordinary silk sutures in the usual way. The wound, dressed with iodoform and bichloride gauze, healed by first intention, except three lower stitches which were infected by the dressing slipping up. These healed very readily by granulations. Patient reacted nicely with but little nausea and vomiting, an in unusually good spirit—took liquid diet for 10 days and bowels moved freely after the third day. Temperature ranged from 99 1-2 in the morning to 102 in the afternoon. The high temperature in the afternoon was attributed to the increased heat which was unavoidable on account of location of room. Temperature remained high in the afternoon for about five days. After placing patient in bed I interrogated his mother in regard to colicky spells he was accustomed to have every few days. These she thought were due to errors in diet. During these spells she usually gave him castor oil and spirits of turpentine with good results. She also stated that he had been suffering for about five years, and that he had had a severe spell of the colic only three days prior to the wound. Since recovering from operation he has been in best of health and suffers no inconvenience whatever. He now does regular manual labor, such as putting up telephone lines, etc. Patient

states that he was never able to enjoy ball games, as the running would produce cramping pains in the right iliac region. This he noticed for quite a while prior to the colicky spells. I am greatly indebted to my assistants, Drs. Boyd, Sanders, Johnson and W. N. Sneed, of Fairfield, Texas, (who was a visitor at the time) for their valuable help in the case.

REPORT OF A CASE.*

R. S. Hill, M.D.,

MONTGOMERY, ALA.,

Gynaecologist to the Hill Infirmary, Counselor Alabama State Medical Association, Ex-President of Medical and Surgical Society of Montgomery County, Montgomery, Ala.

The case that I wish to report came under my care a short time ago. She is a white girl, about twenty years old, and has a good family history and her general development is unimpaired. She was chlorotic and low in physical strength—the least exercise producing great weariness. Heart and lungs showed no organic trouble, though her cardiac beats were very much accellerated from the lack of general vital force. Each of several chemical examinations showed albumen in the urine but nothing could be detected miscroscopically that indicated disease of the kidneys or bladder. Albuminuria is a frequent accompaniment of uterine malformation. Her appetite was poor and her digestion bad. During the first few years of menstrual life the flow was painless but irregular in appearing. At the time she consulted me her menses were twice as frequent as they should have been and were attended with pain and lasted twice as long. Examination under anaesthetic revealed at the upper portion of the vagina a membranous shelf or pocket projecting from the left wall, a normal cervix from which there extended upwards and to the right side a body having only one ovary attached to it and in which a uterine sound passed in the cervix, readily entered. This body was evidently a uterus but attached to it on the left and about the level of its internal os was an oblong, though small, body which extended upwards and to the left. This mass was, as it were, capped by a rounded enlargement about the size of a lemon. Notwithstanding my inability to pass the sound in this oblong body, I was of the opinion that it was the smaller horn of a bicornate uterus and that the round mass attached to its upper end was an enlarged ovary. The opinion was verified by an operation. The left horn and its ovary was removed and the right was curetted. I believe the pain and profuse menstruation were results of the secondary changes. By secondary changes, I mean the disease condition

*Report made to Medical and Surgical Society of Montgomery County.

of the ovary and the fungous endometritis found in the uterine horn, that was curetted, and that probably existed in the one removed. These changes, resembling closely inflamation if not a true inflamatory process, could, in my opinion, be brought about by a set of organs defective in their growth having a function exacted of them which they were illy prepared to discharge, such as was true in this case.

A bicornate uterus is a reversion to the uterus of some of the lower animals, and, though it is frequently defective, it is not necessarily so. I mean by this that a uterus may be bicornate or otherwise malformed and at the same time be well developed in that malformed state, and capable of discharging normally the functions, of pregnancy and menstruation. Malformation applies to shape while defectiveness relates to the power of discharging a duty. Now, if the foregoing is true, the mere presence of a bicornate uterus does not impell operative interference. This being true, it is well for us to review some of the indications for operation in the anomaly under consideration. If the two horns menstruate regularly but at different periods we have a metorrhagia which may be too much of a drain on the general health of the patient, when this is true one of the horns should be removed. If one or both of the horns are poorly developed, and excessive dysmenorrhea is the result, they should be removed in preference to ablation of the ovaries, because, in the former the great nervous disturbances of artificial menapause is not precipitated. Now, if one or both of the horns are very poorly developed, whether menstrual disturbances exist or not, and if the woman is exposed to pregnancy, operative interference is demanded, because if pregnancy takes place in a rudimentary horn rupture of the uterine sac will probably occur, as it does in ectopic gestation and is more serious than the latter, on account of the increase vascularity of the parts. Here I would advise the removal of both of the tubes by making a wedge shape incision in the uterine cornuae, which incisions are afterwards closely stitched up. This closes the avenues of entrance of the ovum to the uterine cavity and prevents pregnancy but does not interfere with ovulation or menstruation. If the cervical openings of one or both of the uterine horns are closed mucus or menstrual fluid may accumulate. When this is true the pent up matter should be liberated through the cervix and a drainage tube inserted. In conclusion, I repeat that the presence of uterine malformation does not necessarily call for operative intervention. In the case reported the excessively free and painful menstruation and the diseased condition of the ovary caused me to advise the operation which has given my patient good relief---she now being in good health with a normal menstrual function.

DIFFUSE NEPHRITIS, ACUTE AND SUBACUTE, WITH ITS MEDICAL TREATMENT.

By F. G. DuBose, M.D.,

Member of the Medical Association of Alabama, The American Medical Association, The American Electro-Therapeutic Association, The American Association for the Advancement of Science, etc.

This is the most frequent form of kidney inflammation, often overlooked, a common complication of the exanthematae and acute infectious fevers. I use the term diffuse nephritis for the reason that the primarily parenchymatous, in all severe types of inflammation the framework of the kidney participates in the condition, the degree of involvement usually bearing a direct ratio to the extent of disease of the substance of the organ. The pathology of this condition is a degeneration of the parenchyma, with a cellular infiltration of the stroma, the kidney is swollen and paler than normal, in this last differing from other inflammations where injection and redness are also characteristic.

In the milder cases there is no symptom pathognomonic, a general malaise anorexia, headache, nausea, unusual weakness after exertion, anaemia, slight edema or puffiness under the lids, especially on rising in the morning, though this is frequently absent, sometimes a slight rise in the temperature. The excretion of urine is usually diminished, this diminution is often preceded by an excessive flow for a day or two after the onset. Chemical examination will detect albumen, usually in large amount. Under the microscope casts, blood cells and epithelium will be found. In the severe types a mistake in the diagnosis is less probable, for here are pronounced and prominent symptoms characteristic of kidney inflammation. Beginning usually with a chill, followed by a temperature varying from 101 to 104 fh, pulse normal in rate as a rule, but of increased tension, and as the disease progresses the frequency of the pulse beat will rise with the debility and exhaustion of the patient. Vomiting, dyspnoea, restlessness, stupor, delirium, and convulsions in uraemia complete the picture. There is a diminution in quantity or suppression of the urine which is dark in color, acid reaction and slightly increased specific gravity, and loaded with albumen. In a very short time after the onset edena makes its appearance. Beginning in the face and neck it rapidly spreads over the entire body, and in a few days is the most noticeable symptom. The anaemia is always pronounced in all these cases whether they are mild or severe. The treatment as ordinarily outlined in text books is rest in bed, skin protcted and kept warm, unload the bowels, milk and vichy in large quantities and frequently repeated; this routine to be

followed till improvement comes, when a more liberal diet is allowed. This being one of the diseases with the so-called tendency to recovery, no medicines are allowed in the popular practice of today unless special symptoms, such as restlessness or sleeplessness, for which chloral of morphine is advised, stupor, delirium or approaching convulsions call for hot pack, and large doses of saline purgatives. Under this treatment if the patient recovers he has followed the natural tendency of those suffering from acute Bright's. If, however, he dies, then we are not informed by these authorities of the tendency, but infer that in these not infrequent consequences we have unfortunately to deal with an unnatural patient in respect to his recuperative ability. The marked anaemia in all these cases to me is indicative of certain therapeutic measures which, though condemned by some (Tyson), have in my hands given results that are worth every one's trial in all cases. The toxemia and decrease in the haemaglobin in the blood in consequence, not alone indicate the elimination of the poisons, but also the fortifying of these vascular oxygen bearers. A glance at the well known action of the Tr. Ferri Chloridi will be sufficient to warrant its use in these conditions in spite of the opinion of the eminent authority named. "Iron augments the amount of urea and increases the frequency of micturition," eliminative in itself. "The Tr. Ferri Chloridi being especially credited with diuretic properties. It has a tonic effect on the nerve centers, but improves nutrition principally by its effect on the circulation While iron has little power of increasing the number of blood corpuscles in health, the power is shown very decidedly in conditions of anaemia and hydraemia, the number of globules being rapidly increased and the hemaglobin of the blood gradually brought up to the healthy standard."--Shoemaker, Mat. Med. and Ther., 1901. A tonic and stimulant, and if reconstructives are not needed here then there is no place for them in the treatment of disease The treatment I have found of greatest use in these cases of nephrit is usually as follows: The patient is put to bed between two blankets, a brisk saline administered, six to eight ounces of the one-tenth of one per cent. salt solution is thrown into the colon every four to six hours for its flushing effect on the bowels and its diuretic effect.

From the commencement of these cases thirty drops of the tincture of the chloride of iron is given in a half a glass of water to which is added one heaping teaspoonful of alkalithia, drunk just as effervescence ceases. This dose is repeated three times in every twenty-four hours. The alkalithia is an important addition, for it lessens the irritant ceffct of the iron on the stomach, and is one of the very best non-stimulating or refrigerant diuretics at our disposal. If the fever goes

high I give half an ounce of the spirits of mindererus and thirty drops of aromatic spirits of ammonia in two ounces of water at one draught every two hours till the temperature is lowered. Milk with vichy or seltzer or lime water, in as large quantities as the stomach will stand, and as frequently as can be tolerated, forms the diet. Egg albumen is allowed ad libitum. The skin is stimulated with hot packs, pain in the loins relieved by hot applications or by dry cupping, and restlessness controlled by hypodermics of codein. phos. grain 1-4 to 1-2 repeated as often as required. The effect of the hot pack can be greatly increased by administering hypodermically pilocarpin hydrochlor. gr. 1-16 after the patient's beginning to prespire in the pack. if the precaution of inducing a mild preparation before the pilocarpine is given bronchorrhoea will not occur, and the perspiration will be profuse. I have made it a rule to examine all patients' urine who are either severely sick or who have a disease the diagnosis of which is difficult, or when in doubt. Any one who follows this rule will be surprised at the frequency of the acute nephritis, and gratified at the result of the treatment outlined above. In the Bright's disease of pregnancy, in all secondary nephrites from the infectious and exanthematous diseases, the iron and alkalithia is indicated.

THE ABUSE OF THE CURETTE.

Dr. V. P. Valentine, Professor of Diseases of Women in the Dallas University presents in the April issue of the Texas News a most able and instructive article under the above caption. Among the many excellent suggestions he says, "Three very important pus-producing germs are frequently introduced into the genital tract: staphylococcus, streptococcus and gonococcus. Of these, the last being the least virulent and the first the one containing the greatest danger, as long as a simple sapraerda exists, that is, as long as putrefactive action is contained within an envelope and has not yet invaded the living cells, it may be possible to get it without breaking down the breastworks or fortifications that nature has thrown up. It is demonstrable that as soon as nature has any cause to fear an invasion by the foe, she calls out her standing army; the leucocites begin preparing for war; they close up the fimbriated ends of the tubes, lymph is thrown out, plastic material is formed and nature rallies all her forces to repel the invaders. Now we go in with the curette and tear away these fortifications, and the hordes of bacteria overrun nature with their countless millions, so that we have, instead of a mere intoxication, an invasion of living tissue, and every current of the body, both lymph and blood, running

bank full of pus-producing micro-organisms with their toxins, and general sepsis is the result."

In these conditions he points out that medication is intended to destroy the germ and not facilitate the migration by curetting. He also states "Rather than curette in cases of doubt it is infinitely better to employ medication."

Experience and clinical investigation has demonstrated that in cases of inflammation due to the presence of one or more of these pus-producing germs, Micajah's Medicated Uterine Wafers act most satisfactorily.

The pronounced antiseptic and bacteriacidal properties of this remedy should influence its use in cases where a curette might seem called for, and as a medication it meets all of the requirements as suggested in the conditions mentioned by Prof. Valentine where a local application is indicated.

A POWERFUL DIURETIC.

Although the materia medica abounds in drugs having a diuretic action, but a few of them can be considered pure diuretics, the majority producing their effect in an indirect manner. Among the pure duretics theobromine has been extensively employed in late years in the form of the salicylate. This preparation, however, is not free from irritating effect upon the gastro-intestinal tract, owing to the contained salicylic acid, and for this reason Dr. Impens, of Brussels, after considerable experimentation, succeeded in producing a double salt of theobromine sodium, and acetate of sodium, to which the name agurin has been given. This preparation has been made the subject of extensive clinical studies in the clinics of Professors von Litten, of Berlin, Destree, of Brussels, Buchwald, of Breslau, and von Ziemssen, if Munich. The results of these tests have shown that in the dropsy of cardiac disease, agurin is a prompt and reliable diuretic, free from any irritating effects upon the digestive organs or kidneys, while in some cases of ascites due to cirrhosis of the liver and in cases of edema from chronic interstitial nephritis, without marked destruction of the renal epithelium, the drug acted efficiently. The diuretic value of agurin is further confirmed by some conclusions presented by Dr. A. C. Barnes (Medical Record, May 24, 1902), in a discussion before the American Therapeutic Society according to which the acetates form double salts with theobromine which are soluble and are powerful diuretics, of which agurin is a type.

Selected Articles.

SEPTIC INFECTION, OR TRUE SEPTICEMIA AND ITS TREATMENT.

By H. Dixon Capers, M.D.,

AUBURN, ALA.

From a close study we conclude that Septicemia is a specific disease, caused by micro-organisms which multiply in the blood to such an extent that a minute trace of these microbes can communicate the disease by inoculation. Prof. Gould, of Philadelphia, makes, in my opinion, a clever distinction between Septicemia and Pyemia, one that observation approves. Pyemia is undoubtedly septic poisoning, but it is accompanied by the formation of secondary or embolic abscesses; presenting themselves in different organs of the body so that we may state that Pyemia, is a form of Septicemia, but all septic poisoning is not necessarily Pyemia, or even Pyemic in character. The fact that certain injuries and surgical operations upon the body were followed by the development of abscesses in some organs of the body was remarked upon by surgeons as far back as the day of Ambrose Pare, who makes special mention of their occurrence under certain climatic conditions. Pigrai tells us that during one particular year he observed that nearly every one to whom he was called suffering with wounds of the scalp or head died of suppuration of the liver. Subsequently Morgani Andonille, Klein, Hennen, Baron, Larrey and other military surgeons confirmed this observation of Pigrai, but it was not until the great Velpeau brought his scientific skill and research to the investigation of the phenomena of these septic conditions that the etiology, the pathology and the treatment of Septicemic diseases was clearly pointed out. The term Pyemia is in reality a corruption of the word Pyohemia, first applied to septic conditions by Piorry, and is synonymous with the ichorhemia of later pathologists. While upon this branch of my subject it may be well for me to make a distinction between septicemia and sapremia, the latter term being used to designate only the poisoning incident to the introduction into the blood of the chemical products of putrefaction, and termed by some authors septic intoxication. In this article I propose to treat generally of those septic conditions which are the results of an introduction into the blood of some poisoning matter whether it be from the absorption of pus, and is properly pyemia, or whether from the absorption of the chemical products of putrescent matter, or whether it be the poison of a vitiated condition of the blood

from disease or the virus of an insect or of a serpent. I wish to embrace the entire subject with the terms septic infections.

First, of the causes of septic infections. These may arise, as above stated from the introduction into the blood of micro-organisms which multiply with amazing growth and always indicate their presence by distinct and characteristic symptoms. Generally these symptoms are ushered in by a severe rigor coming on suddenly; this rigor is followed generally with fever, increasing rapidly in violence, the temperature often rising to 105 F. from 12 to 24 hours. Fever, however, we must bear in mind, does not always appear as a symptom of septic infection, high authorities assure us of this, but as far as my observations have been made fever is uniformly present in some degree in all cases of poisoning from the absorption of pus or of any putrescent matter into the blood. Usually the period of incubation is short, from eight to twelve hours in acute cases with the symptoms steadily increasing in severity. Septic infection has been known to supervene upon Erysipelas, Carbuncles, Small-pox, Scarlet Fever, and Typhoid Fever. It frequently follows upon wounds that have been badly treated, especially among those belonging to a scrofulous or scorbutic diathesis. I have seen it follow upon Pneumonia when the patient did not expectorate freely and in several instances have noticed marked indications of its presence in Perotineal inflamations and in two cases where there had been neglect in caring for the mother after child birth. As far as my observations extend no period of life is entirely exempt from the possibility of septic infection. Generally those who live in crowded cities are more liable to the infection than those who enjoy the pure air and healthful environments of a well kept country home. It has been met with in children at the breast while on the other hand it appears occasionally among persons of a very advanced age. The young and the robust are by no means exempt. On the contrary I have noticed, as other physicians doubtless have, that those who are apparently in the most perfect health are very liable to septic infections, especially after sustaining a severe shock as in a railway collision or other accident attended with great loss of blood. The diagnosis of septic infection is not difficult to be made by one who is at all careful and observing. This is especially so in traumatic septicemia; the symptoms being much more uniform and decided than in the idiopathic varieties of the disease. The icterode and shrunken state of the features, excessive restlessness, and rapid supervention of typhoid symptoms, great pains in the joints and limbs, in fact all over the body, rapid abduction of fat. leaving the body in an emaciated condition, are such marked features of the disease once observed are not readily forgotten by an indulgent physician. Heretofore the prognosis of septic infections has been con-

sidered to be very unfavorable. Indeed some of our late authorities, notably Dr. Hamilton, of Chicago, in his work on Surgery, considers that the disease is so uniformly fatal that "treatment is of little use." This has not been my observation or my experience of late, although it was decidedly so when I first came into the practice of medicine, some forty-five years ago. I now consider that if the physician reaches his patient in time he may prevent the absorption of the poisoning matter entirely by the use of proper precautions and if called soon after the symptoms of septic infection are made manifest he can neutralize the effect of the poison by the use of remedies of recent discovery promptly and with certainty. He must, however, be in time and apply the remedy without a moment's hesitation. Recent reports from New York Hospitals, notably Bellevue, show a largely diminished mortality owing to improved methods of treatment.

Treatment.—It is no wonder to me that under the old system of treatment in vogue as late as the time of Dr. Gross, of Philadelphia, that the per cent. of cases cured was so very small as to cause the impression to prevail among physicians that septic poisoning was incurable and the prelude to certain death. The study of Bacteriology was then comparatively in a primary school of inital investigation and confined to undemonstrated theories. The application of caustics to a suffering wound or to an abscess, the free use of quinine, strong stimulation with alcohol, ammonia or ether, to keep up the heart's action, was the general method of treatment. The knowledge of the action of antipurulents was in that elemental period of medical knowledge limited to such general alteratives as Mercury, the iodides and to chlorinate of soda used as a detergent lotion. Happily for the profession of medicine, our materia medicas have received most valuable additions to their list of remedial agents, by the discovery of the medicinal virtues resident in the active properties of certain plants in earlier years but little known and unused because their value was undemonstrated. The chemist and the pharmacist of this day has become a real blessing to humanity as they are indispensable to the practicing physician in that through their remarkable skill the active properties of certain combinations of medicinal agents have been discovered and presented in an agreeable form to the great benefit of the sufferer and to the relief of the attending and anxious physician. As a most valuable addition to our pharmacopeoia I desire in this connection to call the special attention of the profession to a preparation from the laboratory of Messrs. Battle & Co., manufacturing chemists of St. Louis, Mo., to which they have appropriately given the name of

Ecthol, and in this paper to report cases of septic infection in which I have used it with unvarying good results. The active properties of Ecthol are taken from echinacea and from thuja. After more than three years of careful use and close observation I have found this preparation to be in its physiological effects just as stated by Battle & Co. It is "neither alterative nor is it antiseptic in the sense in which these terms are usually understood but it is antipurulent and antimorbific, a corrector of a depraved condition of the fluids and tissues." I confess to having had decided prejudices against the use of patent medicines, and in general still have convictions that some of the much flaunted remedies, largely advertised with catchy display of double letters, are impositions and at best but nostrums compounded by some speculator on the credulity of a sufferer. I have not found this to be the case with the preparations sent out by such respectable chemists as Battle & Co., Park, Davis & Co., and other worthy manufacturing chemists in the United States. Technically, echinacea is known to the botanist as echinacea augustifola, and is indigenous in the central Western States. Its therapeutic virtue consists in its being an alterative of unquestionable merit. Thuja, we know to be the common arbor vitae, tree of life, and called such in the early history of therapeutics because of its recognized medicinal properties. Messrs. Battle & Co. have combined the virtues of these plants, by abstracting their active principles and uniting them into the active and effiicent antipurulent known as Ecthol. Permit me in conclusion to present a few of many cases in which I have used Ecthol in the treatment of septic infection with the most satisfactory results

Mr. E., of Hall county, Ga., consulted me for relief from what had been diagnosed as erysipelas of the leg. Patient 65 years of age, small of stature and of a cachectic diathesis. The apparent erysipelatous condition of his leg I regarded as but a symptom and upon careful examination found that he had an abscess tumor in the right axillary space, which was of recent formation; that his habits of life had been irregular, being those of a sporting man, who had at one time contracted a severe case of gonorrhoea, for which he had been badly treated. The next day after he called to consult me I was summoned to his house and found him with some fever which followed a severe rigor. I at once recognized the symptoms of septic infection and proceeded without delay to open the abscess and to place him upon iodide of potash with iron and wine, but with no satisfactory result. At the end of one week I abandoned the iodides and commenced the use of ecthol in two drachm doses, regulating his diet, and continuing the use of wine and iron. In one week there was the most decided

change in his whole condition. Appetite improved, skin cleared up. Abscess ceased all discharge, the erysipelatous swelling entirely disappeared, and with local treatment, his gonorrhoea was cured. The patient was discharged on the eighth day a well man. It has been over two years since his discharge, during which time I have received letters from him expressing his gratitude for the perfect recovery of his health.

Cases 2 and 3. Emilee and Margaret, children of Mr. W., ages 12 and 14 years. Found them in bed with marked symptoms of malignant scarlet fever. In both of these children there was ulceration of the vulva and in one an abscess formed on the upper and inner arm near the axilary space. This abscess was opened, discharged a quantity of very offensive pus. I noticed in both children marked indications of septic infection. Both cases were treated with Ecthol and regulating the action of bowels with saline cathartics and opiates as indicated. Both of these children recovered in good time and are now in excellent health. I am convinced from my observations in numerous cases that the micro-organisms of scarlatina maligna and of typhoid fever cause septic poisoning as certainly as will the absorption of pus or the introduction into the circulation of the chemical products of decomposing matter. Just here let me state that I have found ecthol to be a most valuable prophylactic when administered internally in small doses. I have so given it to children who were exposed to the contagion of scarlet fever with the result that those who took the disease had it in the mildest form, and many escaped entirely, although in the same house with others who were taken with severe cases of the disease before I was made aware of their illness. In the treatment of typhoid fever, as with malignant or other forms of scarlet fever, I regard it a most potential agent; especially in those forms of these two diseases where there is an evident septic infection from the absorption of purulent matter.

Case 4. Mr. J. L. W., injured severely in railroad collision. Found him with compound fracture of humerous. Age 34, of full habit, strong and robust. Short while after the wound in the muscle began to suppurate he was taken suddenly with a severe rigor, followed by high fever, temperature going up to 105. He presented all the symptoms of Pyemia or septic infection. As soon as I could do so I administered large doses (2 1-2 drachms) of ecthol, repeating every two hours until satisfied he was fully under the influence of the medicine, then reduced the dose to one drachm every 3 hours. Kept the wound well cleansed and bathed it every 3 or 4 hours with ecthol, to which was added a small per cent of chloride of soda. The patient recovered with-

out any trouble and without any of the secondary effects of pyemia. He is now in good health and at work in the Railroad's employ.

Case 5. Mrs. W. C. B., Primipara. Severe labor, protracted for hours before delivery. I was called in consultation on the third day after the birth of the child. Found patient with puerperal fever, ensuing upon a severe rigor Temperature 103, hectic flush on cheeks, at times delirious. Made at once careful examination of vagina and uterus and found a quantity of decomposed blood clots. Secretions very offensive. At once washed out uterus thoroughly with mild solution of acetic acid in warm water and administered ecthol in 2 dr. doses, used general antiplogstic applications and treatment. Patient made a rapid recovery and had no sequences of septic poisoning. There are other cases I might report in which I have used ecthol as an antipurulent with marked success, but deem these sufficient. Before concluding this paper, allow me to state that I have found great good results from anticipating an evil and whenever I have had a good reason for believing that there was any danger from septic infection I do not wait for the development of the symptoms but give small doses of ecthol, with the view of warding off the attack and have done so repeatedly and invariably with as much success as I have avoided the chill of an intermittent fever with the use of quinine.

A CONTRIBUTION TO THE THERAPEUTICS OF ANAEMIC CONDITIONS.

By Dr. Hermann Metall, M.D.,

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(Translated from the German).

In the medicinal treatment of the various forms of anaemia, whether it be essential chlorosis or the socalled secondary forms arising from severe loss of blood and various diseases (tuberculosis, cancer, etc.), iron has always occupied the most prominent place. In the management of chlorosis, especially, the chief object is the administration of an adequate quantity of iron, since upon this depends the success of all treatment. As to the manner in which iron acts in anaemic conditions, that is a secondary matter. Whatever be its mode of action, it remains an empirical remedy and yet one of incontestable value.

According to the unanimous opinion of many authors the effect of iron in chlorosis cannot be replaced by alimentation. Reinert, Klein, Immermann, Ensli, and others have shown that typical chlorosis cannot be cured in any other way, even by forced feeding. Some of them have made a series of very careful experiments for this purpose, and

reached the remarkable result that during superalimentation, extending even over a number of weeks, the quantity of haemoglobin in the blood increased scarcely a few per cent., and remained permanently at this level. That this is actually so we daily convince ourselves in cases of chlorosis in girls of the better classes. These girls, if placed on a full diet, accumulate more fat, while the chlorosis remains practically unaffected—it requires iron. The dietary therefore plays a subordinary part in the therapy of chlorosis (Klein), and is to be regarded as an important adjunct to the treatment.

I will now devote a few words to manganese, which is employed in combination with iron in some ferruginous preparations for the treatment of anaemia. Hannon already directed attention to this metal, which is a constituent of healthy blood, and which besides iron has an important bearing on the absorption of oxygen by the blood. In fact, experiments have shown that anaemic conditions are most successfully treated with iron in connection with manganese. Chalybeate medication is materially aided and promoted by the addition of manganese. Efforts have therefore been made to introduce combinations of iron and manganese into therapeutics.

After laborious attempts, Dr. Gude, chemist, succeeded in producing such an iron-manganese preparation, which is easily absorbed by the entire intestinal tract, evokes no concomitant effects, and, as is illustrated in the following histories of cases, has proved an excellent remedy for the formation of blood. The preparation referred to is Pepto Mangan (Gude). It contains iron and manganese in an organic combination with peptone, and is a clear fluid, resembling dark red wine, of an agreeable, non-metallic, non-astringent taste.

The advantage of this preparation is that it exerts a stimulating effect upon the blood-forming organs, these being excited to greater functional activity, and that the favorable effect manifests itself even within a short time by an increased oxygenation of the blood. At the same time, this chalybeate, as already mentioned, causes no digestive disturbances and does not injure the teeth.

In regard to the daily dose of iron, Quincke maintains that it should range from 3-4 to 1 1-2 grains of Fe. Most clinicians prescribe commonly 4 grains, which considerably exceeds the maximum dose recommended by Quincke. Some of them, like Niemayer and Trousseau, give even 7 grains of metallic iron daily; hence Pepto-Mangan (Gude) should be prescribed in doses of one tablespoonful

three times a daily for adults, and one teaspoonful twice daily for children up to twelve years, after meals. Sour, fatty foods and red wine should be avoided during its administration. The preparation is much relished by all patients, and it is my custom to administer it to children in water, or, better, in cold milk with the addition of sugar, in which form it is very palatable.

After this brief introduction I will describe a number of cases which have been treated by me with Pepto-Mangan:

Case I.—Mary B., 16 years old, has complained since a week of general debility and lassitude She is very pale and restless, has no appetite, and suffers from headache and a feeling of pressure in the stomach. She is constipated, and the menses are irregular. Diagnosis, chlorosis.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 2 . .	2,480,000	20	49.2	Pepto-Mangan [Gude], one tablespoonful three times daily
August 9 . .	3,212,000	25	50.	
August 16 . .	4,020,000 .	30	50.5	
August 24 . .	4,300,000	40	51.3	
September 2 .	5,000,000	50	53.4	

After a week, the appetite was good, no headache; at the end of the second week no further disturbances; menses not painful, and lasting only three days (formerly five days). After four weeks, the patient discharged cured.

CaseII.—Anna H., 23 years old, has suffered for three years from chlorosis, with irregular menstruation, palpitation of the heart, a feeling of weakness, and occasional syncope. Physical examination showed the presence of anaemic murmurs over the heart, as well as a venous murmur; no fever or oedema.

Date	Red Blood Cells in Cubic Millimetre	Hæmoglobin per cent	Bodily Weight	Therapy
August 4 . .	3,750,000	35	55.5	Pepto-Mangan [Gude], one tablespoonful three times daily
August 29 . .	4,010,000	60	57.8	
September 14 .	4,200,000	70	59.	

Appearance of menses after absence of 12 weeks; subjective disturbances have disappeared.

Case III.—M. W., 16 years old, has suffered since a year from headaches, dyspnœa, tinnitus aurium, vertigo and gastric disturbances. There was marked pallor of the face and of the mucous membranes;

systolic murmurs over the mitral and pulmonary valves, with dilatation of the heart. No fever; spleen not palpable. Diagnosis, severe chlorsis.

Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 5 . .	2,250,000	25	52.5	Pepto-Mangan [Gude], one tablespoonful three times daily
August 13 . .	3,200,000	30	53.5	
August 16 . .	3,350,000	35	55.5	
August 23 . .	3,530,000	40	56.5	
September 1 .	4,250,000	45	58.	

The subjective symptoms rapidly subsided, the appetite improved, and the stools became regular. The mensus reappeared in the second week of treatment after having been absent for a year.

Case IV.—M. P., 15 years old. Menses absent since one-half year; always scanty. Vicarious haemorrhages from the nose. Since three months the patient has suffered from dyspnoea, vomiting, cardiac palpitation, general weakness, headaches, feeling of dulness and sleeplessness. Physical examination reveals anaemic murmurs, moderate dilatation of the heart, venous murmur.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 5 . .	2,400,000	20	47.	Pepto-Mangan [Gude], one tablespoonful three times daily
August 10 . .	3,600,000	25	47.5	
August 16 . .	3,850,000	30	48.5	
August 21 . .	4,250,000	35	49.0	
August 31 . .	4,700,000	40	49.7	
September 7 .	5,000,000	45	52.	
September 14 .	5,200,000	50	53.	

After the first week improvement set in; at the end of the treatment disappearance of all disturbances. Increase of bodily weight, 12 pounds.

Case V.—J. K., 18 years old. Chlorosis. Anaemic murmurs, cardiac dilatation, loss of appetite, insomnia, general lassitude, and headache.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 10 . .	2,200,000	35	52.	Pepto-Mangan [Gude], one table spoonfull three times daily
August 24 . .	3,000,000	45	55.	
September 12 .	3,300,000	60	57.	

At the end of first week appetite vigorous; headaches had subsided. At the end of the fourth week no disturbances of any kind.

Case VI.—A. N., 19 years old, has suffered from chlorotic disorders since two years. Improvement occurred under milk diet and a sojourn in the country. Since five months the patient again complains of disturbances: palpitation; anaemic murmurs and venous hum perceptible.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 17 . .	4,500,000	25	53.5	Pepto-Mangan [Gude], one tablespoonful three times daily
August 25 . .	4,100,000	30	54.	
August 31 . .	4,000,000	35	54.5	
September 7 .	3,950,000	40	56.	
September 22 .	4,200,000	45	57.5	

The subjective symptoms diminished after a few days. The disturbances disappeared, the appetite improved, and the stools became regular.

Case VII.—J. R., 20 years old, has suffered frim chlorosis since two years. Status praesens: General lassitude, palpitation of the heart, a feeling of pressure in the stomach, difficulty in breathing; menses irregular as well as dysmenorrhoea. In the last three months all the disturbances have become more intense.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 22 . .	4,250,000	30	52.	Pepto-Mangan [Gude], one tablespoonful three times daily
August 26 . .	4,350,000	35	52.5	
September 5 .	5,420.000	40	53.5	
September 12 .	5,300,000	50	54.	
September 18 .	5.350,000	55	54.5	
September 27 .	5,300,000	60	55.5	

The disorders have disappeared, the appetite is good, and the bowels regular; no anaemic heart murmurs.

Case VIII.—L. N., 19 years old, complains of headaches, cardiac palpitation, vertigo; scanty menses.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 28 . .	2,500,000	40	54.	Pepto-Mangan [Gude], one tablespoonful three times daily
September 13 .	3,750,000	55	55 5	
October 1 . .	4.300,000	70	57.	

The subjective disorders have vanished; menses more abundant.

Case IX.—J. M., 16 years old, has suffered since two months from palpitation of the heart, dyspnoea, feeling of pressure in the stomach, vertigo, tinnitus, and headaches. There is a slight cardiac palpitation, with systolic murmurs and a venous hum. Anorexia and constipation are present. The menses have been irregular since a year.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
September 2 .	4,500,000	35	50.	Pepto-Mangan [Gude], one tablespoonful three times daily
September 11 .	4,750,000	40	50.5	
September 20 .	4,850,000	50	51.	
September 29 .	4,950,000	55	52.	

Mensus regular; bowels normal; no disturbances.

Case X.—Z. F., 30 years old, had a miscarriage two weeks previously, with profuse haemorrhage. After a month's treatment completely restored to health, and an increase of weight of four pounds.

Case XI.—A. N., six years old; rachitis and anaemia. Under treatment an increase of weight of two-thirds of a pound. Much better appearance.

Case XII.—J. W., 30 years old. Pulmonary tuberculosis and anaemia. After two weeks' administration of Pepto-Mangan (Gude), an increase in weight of two pounds and an increase in haemoglobin of fifteen per cent.

Case XIII.—K. L., 50 years old. Cancer of the stomach, cachexia, and anaemia. During three weeks' use of Pepto-Mangan (Gude) the patient felt better, the appetite had improved, and there was an increase of weight of two-thirds of a pound.

Case XIV.—A. B., 14 years old. Chlorosis; haemoglobin 40 per cent. After two weeks' treatment, haemoglobin 85 per cent.; disappearance of all disturbances.

Case XV.—F. K., 18 years old. Chlorosis; haemoglobin 35 per cent; after two weeks' treatment 50 per cent.

Case XVI.—E. J., 5 years old. Anaemia following scarlatina. After eight days' treatment with Pepto-Mangan (Gude) the patient developed a vigorous appetite, and recovered so rapidly that he could be discharged cured at the end of the second week.

Altogether, twenty-three cases of anaemia were treated with Pepto-Mangan (Gude), of which twelve showed a normal haemoglobin per cent. of the blood after fourteen days, five after three weeks, and five after a month. On the other hand, one of the patients who had heredi-

tary trouble (her father having suffered from pulmonary disease) was discharged only improved, the blood after two months' treatment with Pepto-Mangan (Gude), showing only an increase of haemoglobin to 75 per cent. This was probably a case of tuberculosis which simulated an obstinate or severe chlorosis at its beginning.

Furthermore, two cases of acute anaemia after profuse haemorrhages were treated with Pepto-Mangan (Gude). A favorable result was obtained as early as the end of the first week. In one instance the patient felt so well that only the fear of further haemorrhage constrained him to stay in bed for another week. In the case of three women who had miscarried during the early months of pregnancy, and were making a very slow recovery from the resulting anaemia, I was able to obtain a complete recovery after four weeks' administration of Pepto-Mangan (Gude). In six other instances of weakness and anaemia following acute and chronic disease (tuberculosis, carcinoma, scarlet fever, etc.), a disappearance of the feeling of weakness and a considerable improvement of the general health could be observed in every instance.

The histories cited above will afford conclusive evidence of the high therapeutic value of Pepto-Mangan (Gude). Unpleasant concomitant effects and disagreeable sequelae were never observed during the use of the remedy. Eructations, pressure in the stomach, and nausea were never noticed.

In conclusion I would say that Pepto-Mangan (Gude) is a valuable and reliable blood-building remedy, which can be recommended for general use in appropriate cases.

PRURITUS VULVAE.

Pruritus Vulvae may be due to a variety of causes, both of local and constitutional origin. Probably the most common is a vaginitis or vulvitis, giving rise to irritation of the nerve filaments, which are laid bare by the desquamation of the epithelium over the inflamed area. In this form of pruritus, the immediate indication in treatment is to reduce the discharge, which is the primary cause of the distressing itching, and to render it as unirritating as possible by preventing its decomposition. This can be readily done by the use of the Micajah Medicated Uterine Wafer, which is at the same time astringent, antiseptic and alterative At the beginning it will be best to dissolve a wafer in about a pint of water and use it as an injection. Later, as the irritation subsides, the wafer itself may be inserted every third day. It is always advisable to precede its use by a copious injection of hot water.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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We cannot promise to furnish back numbers.

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The editor is not responsible for views expressed by contributors.

All communications should be addressed to THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

The Proposed New Code.

At the last meeting of the Jefferson County Medical Society held Monday evening, July 14, the subject for discussion was the proposed new Code of Ethics, recently submitted by Dr. Harris, of New York. The reading of this paper elicited quite a lengthy and interesting discussion. Incidentally, the question of contract practice was brought in, while no part of the subject matter brought out in the paper by the essayist. It was stated by the essayist that in his opinion not one in fifty physicians who were in active practice had ever read the Code of Ethics, and judging from the discussion on this occasion, the correctness of the statement clearly demonstrated that a more thorough knowledge of the Code of Ethics would be helpful to the medical profession throughout the country, and would be the means of a better

understanding and a higher appreciation of the Code if the document was more frequently read.

The question of contract practice incidentally brought into the discussion is of vital importance, especially to physicians in certain localities in the State of Alabama, and perhaps there is no community where this question is of greater importance than it is to the doctors of the Birmingham district.

We have taken the position that all contract practice is contrary to the spirit and letter of the Code, and works untold injury to the individual who engages in the practice as well as to the medical profession and medical public. Many of our prominent physicians have secured and are today engaged in doing what they state is a lucrative contract practice, but there are very few who will undertake to say that it is productive of good to the individual physician who is engaged in the work, or to the medical profession.

We have stated it before, we state it now, and believe it to be our duty as a journalist to reaffirm that all contract practice is contrary to the true, the highest and best interest of the medical profession.

In taking a contract to practice for any company is a violation of the very spirit that actuates, and has controlled for more than two hundred years in the medical profession.

We do not hesitate to say that there are but two reasons which can be legitimately set forth to justify any honorable man in securing a contract One is that many of the poor who are engaged to work for the numerous companies in the iron districts might suffer for medical attention were it not for the fact that there are men in the profession who are willing to hire themselves for a stipulated sum to practice for these companies.

The next is as stated by those who have been in the contract work, the money they secure by virtue of these contracts. Arguing this as we see it in the interest of the medical profession, and losing sight of the individual interest of our friends who may be engaged in the work, we cannot reach any other conclusion than that the effect of the present day contract is pernicious, and is leading to methods and practices which cannot and will not be endorsed by the medical profession in this country.

To substantiate the position which we have taken in discussing this question, there can be no better or stronger argument produced than to say that after investigation and inquiry made of those who have been engaged in this work, there are but few exceptions who fail to agree that contract business is unsatisfactory and degrading to the profession.

We do not discuss this question to condemn or ridicule or question the motives of those engaged in it, but we warn young men in this time of modern advancement and higher medical education, and when there seems to be a desire on the part of the leading educational institutions of the country and of the prominent men of the profession to elevate and maintain a higher ethical standard to avoid as far as possible the questionable inducements which seem to be held out to them to take contract practice in order that they may secure a livelihood with which to start them in their professional career. We have yet to find the man to tell us that he expects to continue the contract practice after he is able to secure a location which offers reasonable assurance of a fair competency.

The Charlatan.

The question has been asked by one of the prominent physicians of our community. "How can the medical profession inform the public with reference to the charlatan and quack?" This is a difficult problem to solve, and the best method of disposing of it is not quite clear to us; but in order that we may answer the inquiry and give some opinion with reference to the very perplexing question, we undertake to make the following suggestions:

It is a fact that many of the most intelligent citizens, people who are refined, cultured and financially able to pay for honest and intelligent medical services, are found among those who give their endorsement and support to the lowest forms of quackery, and it is this class the medical profession must enlighten before they will ever be able to impress the public with the evils of this unscrupulous class of medical pretenders.

If the medical profession would stand together, be sincere, be honest and agreed upon methods, it would not be long before the intelligent public would appreciate the honesty of our purpose and the viciousness of the persons engaged in questionable methods in order to secure practice; but so long as many of our prominent physicians excuse themselves from the active interest in assisting in building up a sentiment against these quacks, just so long will the profession suffer and the people be imposed upon. It is a distressing condition, nevertheless true, that there are too many physicians who by virtue of the fact that they are respected and supported by the great body of the medical profession, on account of their ability as surgeons and specialists, who when this question of maintaining the best interest of the medical profession is up for discussion, or when it is important to make an impress on the public, they are mum as an oyster, and endeavor to dig-

nify their personality by ignoring the whole question, and by actions, if not by word, leave the discussion of these problems to their colleagues.

Another point to which we are impelled to call attention is that some of our most distinguished specialists are found who give assistance, in the way of consultation, and operating for and at the request of some of the meanest and most flagrant outspoken quacks. To say that the general practitioner who knows these facts and hold responsible the specialists who are guilty of such methods is but stating what we believe to be true.

To conclude the whole subject, if every regular physician in the State of Alabama and in these United States will manfully stand by and assist in protecting and maintaining what they know to be right, even though it requires a personal sacrifice, the time will soon come when the public will appreciate the medical profession, and the days of the quack and the charlatan will be numbered.

Osteopaths Must Stand Examination.

We publish in this issue of the Journal the decision handed down by the Supreme Court of Alabama, which is a very important case with reference to Osteopathy. Commenting upon this decision, the Journal the American Medical Association says:

"By a decision of the Supreme Court rendered June 28, in the case of Eugene Bragg vs. the State of Alabama, the decision of the lower court was affirmed. The decision affects several hundred men throughout the State, and will have the virtual effect of driving them from the State. Osteopaths are thus held to be practitioners of medicine, and must stand the examination as required by the laws of the State of Alabama for all persons entering the practice of medicine. This is another victory for the medical laws of Alabama and for the physicians who have labored for a higher medical education and reasonable qualifications to enter on the practice of medicine."

A "Busy Doctor."

We submit the following from the Journal of the American Medical Association without comment:

"One of the peculiar things in our profession is the fact that we have two classes of busy doctors. One is represented by a class of men who have made a name for themselves; men who stand on the top rung of the ladder and have reached it by doing hard work, good work in a scientific way, and yet attend to a very large practice. This class of men, as a rule, take our best journals and read them. They have

sent to them regularly all the new medical books that come out, and evidently they read them. Such men not only carry on a large practice and do a large amount of reading, but they also write excellent articles for publication and read papers before medical societies. This is one class of "busy doctors." There is, however, another class of busy doctors. These men have made for themselves special books that are written for the "busy doctor." These books do not go too deep into the scientific side of the subject, but give only the practical. There are also certain journals that are gotten up for this class of "busy doctors." They are what are called the practical medical journals. These thoughts come to our mind on reading a letter just received from one "busy doctor." It reads as follows: "It (the Journal) comes to me each week, but I have never read a page of it yet, and hardly expect to. I would love to read it, but have no time. I have to use every hour in the day to fill my professional calls, and at night I must sleep, so cannot possibly have time to read. You may discontinue the Journal, as it is of no use to me" If any comment were necessary, we might ask: Is this man faithful to the sacred trust imposed in him by his patients? Is any physician justified in being too busy to keep in touch with the methods and experience of other practitioners in his line of practice? Will it pay him to thus disregard the interest of his patients—to say nothing of the future of his practice?"

PRELIMINARY EDUCATIONAL REQUIREMENTS.

While it is probably only a question of time when the leading medical colleges throughout the United States will make the possession of the degree of bachelor of arts a prerequisite for entrance upon the graded course leading to the degree of doctor of medicine, that time is yet far in the future for many of the medical schools, even of the better class. The university schools will naturally be first to take this step, following the lead of Harvard University and Johns Hopkins. That all of the colleges realize the necessity for a good preliminary education as a foundation for professional training becomes apparent upon a comparison of their present requirements with those exacted, say, five years ago, for the entrance into the leading medical colleges. Almost without exception, the entrance requirements have been rendered more exacting, and at the beginning of each scholastic year we find one or more of the medical colleges raising the standard of entrance requirements.

An editorial article has recently appeared in the Columbia Literary Monthly, the leading undergraduate publication of Columbia University, proposing that the possession of the degree of B. A. be made a prere-

quisite for admission to the school of medicine. Unfortunately, the editor has seen fit to characterize the greater part of medical students at the College of Physicians and Surgeons as being uncouth and uncultured, and has based his plea for the B. A. requirement largely upon this assumed fact. Dr. James W. MacLane, the dean of the medical school, has characterized this statement as being unjust to the students in that department, who are, he says, a fine body of men. The young editor of the Literary Monthly has probably fallen into the error, pardonable in a very young man, of judging by external appearances only. It is possible that, judged from a sartorial standpoint, the students in the medical school will not compare favorably with those in the literary school, and it is even probable that the medical students are not so well informed in the technicalities of golf and football as their literary fellows are, but in those elements which go to making up earnest, intelligent, and successful pupils we feel confident that the medical students stand higher as a whole than those in the purely literary departments do.

The possession of any specified degree, or even an examination, is at best but a poor makeshift for determining whether or not the applicant is fitted to take up the study of medicine. It is rather certain mental characteristics than mere routine educational training which fit one for such study. The best that can be done with any kind of preliminary requirements is to ascertain whether these characteristics are present or not. But their possession cannot be determined definitely until after the student has taken up the study, and many men who have failed in life through unadvisedly taking up the study of medicine might have been saved this failure had there been a system of mid-term examinations, upon the results of which the student would be either commended in his efforts, corrected in his errors, or possibly candidly warned that he was not fitted for the study of medicine and could not hope to make a success in that profession. Few young men are really competent to judge of their own capacities, and a warning of this kind would frequently be of inestimable advantage to the individual student and at the same time confer a benefit upon medicine by keeping out of the ranks of the medical profession persons not fitted by Nature for the pursuit of this calling.—New York Medical Journal.

PHYSICIAN—Good location; desiring to move to city I offer a splendid location to a physician who will purchase my house and lot; nearest competition 6 miles; fine country; nice people; average cash collection for ten years, $2,242.55 per annum. For particulars address M. D., Sumterville, Ala.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of med icine and surgery. The specialties are fully taught, including labo ratory work. For further information, address Dr. Isadore Dyer, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

The Tri-State Medical Socie ty of Alabama, Tennessee and Georgia will hold its next meeting in the city of Birmingham, Ala., October 7-10. The indications are that the attendance will be large and many prominent physicians from the three states will read papers.

The following Medical Colle ges are announced in this issue of the Journal. Those are well known schools to the medical profession, and students who expect to attend medical lectures this fall will find that they will make no mistake by selecting some of the schools mentioned in the following list:

Vanderbilt University, Medical Dept., Nashville, Tenn.
Maryland University, Medical Dept., Baltimore, Md
Birmingham Medical College, Birmingham, Ala.
Tulane University, Medical Dept., New Orleans, La.
The University of Nashville, Medical Dept., Nashville, Tenn.
Chattanooga Medical College, Chattanooga, Tenn.
The University of Tennessee, Medical Dept., Nashville, Tenn.
Alabama Medical College, Mob ile, Ala.
The Baltimore Medical Col lege, Baltimore, Md.

THE RIGID OS.

We all know how very trying it is to the physician, to say nothing of the unfortunate patient, who after some hours of suffering from labor pains, finds herself greatly tired and greatly exhausted because of a rigid os.

This condition is so frequently encountered by all obstetricians, and, unless relieved, prolongs labor and depletes the vitality of the patient. In these cases H. Marion Sims, M. D., uses Hayden's Viburnum Compound with good success, and if this eminent practitioner so readily endorses "H. V. C.," we have no hesitancy in freely recommending its use in the above condition.

I have used Bromidia in cases of insomnia, restlessness and threatened convulsions, with surprising results, finding that a dose of from drops 15 to one drachm to be sufficient according to age and how often to be repeated. I have combined Bromidia and Papine where I wished to annul pain with excessive nervousness, the combination acting very happily also in bladder troubles. I use Bromidia and Papine very much in my family. Chas. E. Quetil, M. D.

Philadelphia, Pa.

The Fourteenth International Congress of Medicine will be held in Madrid, Spain, from April 23 to 30, 1903, under the patronage of their Majesties, the King of Spain and the Queen-Mother.

The President of the Congress is Professor Julian Callajay Sanchez, the General Secretary is Dr. Angel Fernandez-Caro, and the General Treasurer is Professor Jose Gomez Oceana.

The preliminary statement of regulations and program has just been issued, and it announces that members of the Congress will be physicians, pharmacists, dentists, veterinary surgeons, and other persons working at branches of medical science, both Spaniards and foreigners, who have entered their names and paid their subscriptions. Other persons, who possess scientific or professional titles, and who wish to take part in the work of the Congress, may share in it under the above conditions.

The subscription is thirty pesetas, and this sum must be paid before the opening of the Congress to the General Secretary, Faculty of Medicine, Madrid. A card of membership will be sent t othe subscriber.

Until March 20, 1903, subscriptions may be paid to the Secretary of the National Committee of the subscriber, but after that date subscriptions must be paid directly to the General Secretary at Madrid.

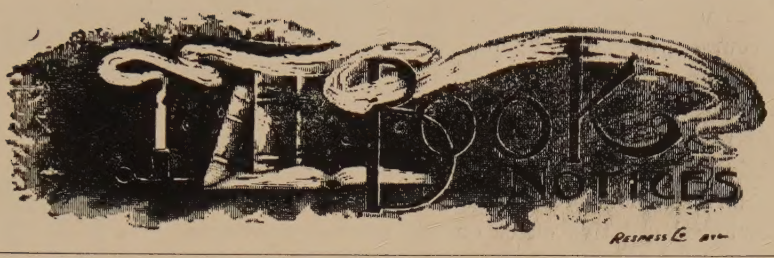
Members will receive a summary of the proceedings of the Congress, and a full report of the work of the particular section which they join.

The official languages of the Congress will be Spanish, French, English, German and Italian.

Papers must be sent to the General Secretary before January 1, 1903, to be certain of a place in the order of business. Papers presented later will be considered after the discussion of those regularly announced.

Communications should be accompanied by a short abstract, which will be printed and distributed among the members of the Congress.

J. H. Huddleston, Secretary American Committee,
126 West 85th St., New York City.



MORPHINISM AND NARCOMANIA.

MORPHINISM AND NARCOMANIA from Opium, Cocain, Ether, Chloral, Chloroform, and other Narcotic Drugs; also the Etiology, Treatment, and Medicolegal Relations. By T. D. Crothers, M.D., Superintendent of Walnut Lodge Hospital, Conn.; Professor of Mental and Nervous Diseases, New York School of Clinical Medicine, etc. Handsome 12mo of 351 pages. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $2.00, net.

The alarming increase, in the last few years, of morphomania and the associated various narcomanias imperatively demands immediate attention by the medical profession. Every year the increasing prominence of this psychosis calls for more exact studies, with a fuller recognition of the conditions and causes of the disease. Medicolegally, questions of responsibility have been asked with increasing frequency, and there has been no literature and no study of the subject to afford an intelligent answer until this present volume was initiated.

The special object of this work has been to group the general facts and outline some of the causes and symptoms common to most cases, and to suggest general methods of treatment and prevention. The object could not have been better accomplished. The work gives a general preliminary survey of this new field of psycopathy, and points out the possibilities from a larger and more accurate knowledge, and so indicates degrees of curability at present unknown. The author shows his absolute familiarity with his subject in the clear, concise, and in every way admirable work which he has given to the profession, whom he has placed under merited obligations.

DYSENTERY AND FLATULENCE.

The griping pain and flatulence which accompany stomach and bowel complaints, particularly during the heated term, are so readily overcome and controlled by the timely administration of one or two Antikamnia and Salol Tablets, repeated every two or three hours,

that it behooves us to call our readers' attention to the grand efficacy of this well known remedy in these conditions The above doses are, of course, those for adults. Children should be given one-fourth tablet for each five years of their age. When the attack is very severe, or when the disturbance is evidenced at or near the time of the menstrual period, we find it preferable to give two Antikamnia and Codeine Tablets, alternately with the Antikamnia and Salol Tablets. The latter tablets promptly arrest excessive fermentation and have a pronounced sedative effect on the mucous membranes of the bowels and stomach, and will check the various diarrhoeas without any untoward effect.

By E. P. Morgan, M.D., Fall Branch, Tenn.

I consider S. H. Kennedy's Extract of Pinus Canadensis invaluable. I was called to see Mrs. L., aged 42 years. She was having profuse pulmonary hemorrhage. Blood was coming by mouthfuls every few minutes. I immediately put her on the following treatment:

℞

Pinus Canadensis-Dark .....℥i
Hot Water .....℥v.

M. Sig., When cool, teaspoonful every two hours.

By the time three or four doses were taken the hemorrhage had ceased entirely I then lengthened the intervals to four hours and finally to six. At the same time put her on

℞

Syrup Hypophosphites,

Teaspoonful every six hours. She made a good recovery, with no recurrence of hemorrhage up to this time. In a case of eczema of the scalp on a child one year old, the White Extract painted on the entire surface in full strength gave most satisfactory results. I shall continue to prescribe it with confidence.

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